Amendments to the Specification

Please replace the paragraph under **Cross-Reference to Related Applications** on page 1 with the following amended paragraph:

This application claims the benefit of is a U.S. National Phase Application of International Application PCT/US2004/021646, filed July 7, 2004, which claims benefit of US Provisional Application 60/484,655, filed July 7, 2003, both of which are is hereby incorporated by reference in their its entirety.

Please replace the paragraph on page 8, lines 14-16, with the following amended paragraph:

Figures 7A-B Figure 7. CD4⁺CD40⁺ T cell increases are predictive of rheumatoid arthritis. 7A. Rheumatoid The left panel is a rheumatoid arthritis patient. 7B. Control The right panel is a control patient. See Example 4 for details.

Please replace the paragraph on page 8, lines 17-18, with the following amended paragraph:

Figure 8. Figure 8. CD4⁺CD40⁺ T cell increases are predictive of asthma. 8A. Control The left panel is a control patient. 8B. Asthma The right panel is an asthma patient. See Example 5 for details.

Please replace the paragraph on page 25, lines 20-30, with the following amended paragraph:

Staining. T cells were purified from excised spleens of NOD, NOR or BALB/c mice at the ages indicated, incubated on nylon wool wetted columns with HBSS-5%BSA for 45 min. Purified T cells (> 92% CD3⁺) were washed with HBSS-5% BSA, treated with 2.4.G2, anti-Fc-receptor blocking antibody, then stained with directly conjugated FITC-anti-CD40, 1C10³⁷, PE-anti-TCRαβ, H57.597 or PE-anti-CD3, 145.2C11 (Pharmingen, San Diego, CA), and <u>Cy-ChromeTM-anti-CD4</u> CyChromeTm-anti-CD4, H129.19 (Pharmingen). Cells were run on a

Becton-Dickinson FACScalibur Beckton-Dickinson FACScaliburTM and assayed using CeIlQuestTM software. In some cases, splenic T cells were incubated with biotin-anti-CD3 (145.2C11), washed with HBSS, incubated with Miltenyi (Auburn, CA) magnetic avidin beads and passed through a Miltenyi selection column as per manufacturer's instructions. Purified T cells were then stained as described.

Please replace the paragraph on page 26, lines 3-14, with the following amended paragraph:

Adoptive Transfers. T cells were nylon wool-purified from spleens of diabetic and prediabetic NOD females, incubated with biotinylated anti-CD40 (1C10 produced in-house), biotinylated anti-V α 3.2, or biotinylated anti-V α 8.3 (both from Pharmingen). The cells were washed with PBS then incubated with magnetic avidin beads (Miltenyi, Auburn, CA) and passed over magnetic purification columns (Miltenyi). Purified T cells were eluted and determined to be >98% pure by flow cytometry. CD8+ T cells were removed by incubating T cells with a magnetic conjugated anti-CD8 antibody (Miltenyi) then passed over a magnetic column (Miltenyi). Purified CD4+CD40+ T cells, 1.5×10^6 , were injected intraperitoneally, i.p., into 9-day old NOD.scid recipients. Control animals received CD4+CD40+ T cells, 1.5×10^6 cells. Animals were monitored for diabetes onset by blood glucose (*b.g.*) determinations. Diabetes was considered to be a *b.g.* level of >150 mg/dl.

Please replace the paragraph under **Example 4** on page 34, lines 5-15, with the following amended paragraph:

CD4⁺CD40⁺ T cell increases are predictive of rheumatoid arthritis. Peripheral blood, 10 ml, was drawn by phlebotomy from clinically identified rheumatoid arthritis (RA) patients. Blood was mixed with phosphate buffered saline (PBS) 1:1 then layered on Ficoll FICOLLTM and centrifuged to isolate lymphocytes. Lymphocytes were collected, washed with PBS and directly stained with Cy-chrome conjugated anti-CD4 and FITC-conjugated anti-CD40. Stained T cells were analyzed using a FACScalibur FACScalibur Flow Cytometer. Levels of T cells were compared from RA patients and control patients. As in type 1 diabetes, CD4⁺CD40⁺ T cell

levels are greatly exaggerated, 56% versus 12%, in RA compared to controls. Thus CD4⁺CD40⁺ T cell increases are predictive of rheumatoid arthritis. Results are shown in Figures 7A and 7B Figure 7.

Please replace the paragraph under **Example 5** on page 34, lines 17-26, with the following amended paragraph:

CD4⁺CD40⁺ T cell increases are predictive of asthma. Peripheral blood, 10 ml, was drawn by phlebotomy from clinically identified Asthma patients. Blood was mixed with phosphate buffered saline (PBS) 1:1 then layered on Fieoll FICOLLTM and centrifuged to isolate lymphocytes. Lymphocytes were collected, washed with PBS and directly stained with Cychrome conjugated anti-CD4 and FITC-conjugated anti-CD40. Stained T cells were analyzed using a FACScalibur FACScalibur Flow Cytometer. Levels of T cells were compared from Asthma patients and control patients. As in type 1 diabetes, CD4⁺CD40⁺ T cell levels are greatly exaggerated, 38% versus 8%, in RA compared to controls. Thus CD4⁺CD40⁺ T cell increases are predictive of asthma. Results are shown in Figures 8A and 8B Figure 8.

Please replace the paragraph under **Example 6** on pages 34, line 28, to page 35, line 4, with the following amended paragraph:

CD40⁺CD4⁺ T cells are predictive for Human type 1 diabetes. Blood was drawn from 25 clinically diagnosed type 1 diabetic patients and from 20 non-diabetic controls. Whole blood was diluted with PBS, suspended on Hypaque-Fieoll FICOLLTM, centrifuged for 10 min at 5000RPM. Leukocytes were isolated and stained with directly conjugated anti-CD3, anti-CD4 and anti-CD40. Cells were assayed through a FACScalibur FACScaliburTM flow cytometer. Cells were gated on CD3 (T cell marker) and analyzed for CD4 and CD40 levels. Controls (A) and Diabetics (B) are represented. Total percent of CD4⁺CD40⁺ /CD4⁺CD40⁺ + CD4⁺CD40⁻ are represented (C). This measurement is predictive of diabetes. Results are presented in Figures 9A-C.

Please insert the attached abstract after page 40.